

and this because of the prominent part taken by Dr. Thomas M. Logan of California, president of the American Medical Association in 1874, who at that time and prior thereto (as outlined in the article on page 6 of the January issue of CALIFORNIA AND WESTERN MEDICINE) may be said to have been, in all probability, the foremost protagonist in the effort of American medicine to bring that principle into being.

Almost three-quarters of a century have intervened since Doctor Logan thus challenged attention, and the people of the United States are still waiting for the establishment of this much-needed agency in our Federal Government. In the meantime, material interests of the nation have been given full recognition, even though vital needs have been forced to wait. Perhaps, however, out of the social unrest of our present period will finally come the institution of a secretary of public health in the cabinet of the President of the United States!

Under such a coördinated administration of all medical and health functions of the Federal Government, it should be possible to initiate measures of sane and practical nature through which procedures could be inaugurated, designed to remedy whatever deficiencies may exist in the adequacy of medical care to all our people.

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American Medical Association Platform Worthy of Study by All Physicians.—Members who have not yet read the platform of the American Medical Association (which is also the platform of each of the constituent state medical associations) should put aside their December issue of the OFFICIAL JOURNAL, with promise to themselves to peruse the American Medical Association principles and the comments thereon, as given on page 394 of that number.

It is important, in troublous times such as the present, that we should move forward with united front. Clear understanding and whole-hearted espousal of the principles outlined in the American Medical Association platform will permit us to do so.

PRESIDENT ROOSEVELT'S HOSPITALIZATION PROPOSALS

Recent Announcement by President Franklin D. Roosevelt.—On December 22 last, at his usual press conference, President Roosevelt gave an outline of proposed aid to poorer communities in the United States, in which, in the opinion of competent local medical and other authorities, a real need for hospital facilities exists. The Chief Executive of the Nation stressed the point that his proposals were not to be of the same nature as ordinary "grants-in-aid"—that is, for the matching of federal with state funds—but comprehended, rather, a direct allocation of federal moneys to permit the erection of modest hospital units, title to which, however, would remain in the Federal Government, with maintenance to be cared for by local communities. Reason for this: the wealthier states have ample means to provide all necessary

hospital facilities for their citizens; whereas, in some of the poorer states, in which hospitals were presumably inadequate, the need of certain support from the nation's treasury seems indicated. This again, on the ground that all states are part of the Union, and that it is the obligation of the Federal Government to help those commonwealths not having resources and means necessary to provide for themselves.

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Significance of the Announcement.—Significant also were several other things brought out at this press conference: (1) That President Roosevelt felt the Wagner Health Bill program for 80 million dollars in the first year, and almost one billion dollars in ten years, is not warranted under existing conditions; (2) that his proposals for the erection of hospitals contemplate an initial appropriation by the present Congress of about 10 million dollars, on the supposition that a single one-story hospital unit can be built for about \$150,000; and (3) that this is the first conference at which official representatives of the American Medical Association have been invited in joint audience with the Chief Executive to discuss medical needs of the country!

This change of front on the part of legislative and executive authorities at the nation's capitol is welcome news to the medical profession of the United States, whose members have not forgotten that some of the Washington governmental activities in relation to medical service and public health activities have been anything but pleasing or in line with proven methods for the maintenance of the quality and adequacy of medical service.

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Proposed Plan More in Harmony With the American Medical Association Platform.—The suggested program is in line with tenets laid down in the recently promulgated American Medical Association platform, in which is implied the greater value of judgments secured from competent local sources than that which could be expected or obtained from far-distant, swivel-chair opinion in the District of Columbia. By and large, the people of the United States still believe in the value of local option and authority in the handling of community problems, both for the states and their constitutional county units, of which the commonwealths are composed.

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Weakness of Political Bureaus.—Whether it is wise for the Washington Government to retain title in the hospital properties, thus laying the foundation of another bureau that would assume a certain amount of supervision or overlordship of such institutions (with prospects of extension in size, number, and scope of the federal agency involved, as usually comes to pass in all political bureaus), may be a question. The query can also be expressed, Why could not the money be loaned to the local communities, in a manner similar to loans to citizens who build homes with federal

moneys? Enabling legislation, surely, might make such a procedure possible.

It is only necessary to glance back at the development and increase in number and functions of the institutions that are part of the Veterans' Facilities to find an example on how much deviation and many changes can take place from the original plans and scope of such endeavors in a brief ten to twenty years!

The hopeful feature, however, is this: that the Wagner or similar substitute bills, even though they be given much publicity in the present Congress, probably will not in this presidential year of 1940, at least, have much chance of passage.

In the meantime, if the limitations which President Roosevelt has himself conceded be made to apply to placement and construction of needed hospitals, it should be possible to learn, in the months to come, what practical responses will result from these recent announcements.

PRESENT-DAY CONDITIONS CALL FOR MILITANCY IN ORGANIZED MEDICINE

Some Recent Committees.—Movements and committees, self-constituted and otherwise, with their pronouncements of purposes to bring into existence a betterment in methods of medical practice and care, are experiences with which members of the medical profession are now quite familiar. The high-sounding names of some of these groups of recent years have not been sufficient to disguise the basic intentions of certain leaders in such efforts, who seem to be obsessed with the thought that their paper-plans would bring much more good to the citizens of the United States than the existing system of medical practice. Within the medical profession, also, there have been those who, with well-meaning purposes, but not always with over-sound judgment, were willing to stand out as exponents of procedures in practice that are not and cannot be acceptable to the great majority of physicians.

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American Medical Association the Favorite Object of Attack.—During this period of agitation, the one medical organization that has been picked out as the target for reproach is the American Medical Association; the attackers forgetting that our national organization is nothing more than the total membership of the constituent state medical associations and their component county medical societies. If these onslaughts had come always from committees of purely civic complexion, or from groups even within the medical profession, acting singly or in concert, the impact of the battle might not have been of much seriousness.

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Menace of the Political Element.—When, however, to these forces is added a political element, such, for instance, as that expressed by Assistant Attorney-General Thurman Arnold in his press releases on the criminal indictments of officers of the American Medical Association (in con-

nection with the litigation concerning the Group Health Association of the District of Columbia), the picture takes on a different set of color tones.

True, though it be, that the District of Columbia federal court severely criticized the procedures sanctioned by certain representatives of the Attorney-General's department in the grand jury hearing of the Group Health Association (the appellate opinion being indirectly upheld by the Supreme Court of the United States), it is likewise evident that untold harm was done the medical profession of the United States through the improper publicity carried to every corner and hamlet in the land. No wonder that President Rock Sleyster of the American Medical Association, in a recent address, referred to the "five persecution years" to which the profession had been subjected!

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Deplorable Results of the Misrepresentation.

The propaganda that was thus started may be said to have destroyed, in the hearts and minds of many citizens, the faith they had previously had in the high-minded devotion for public service by members of the medical profession. The essence of such poisonous whisperings lies in this—that many citizens are made to believe that, while their individual physicians are as generous as they have always believed, yet, taken collectively, doctors are a selfish and a dangerous group!

Denials made in the name of the national, the state, and the county medical associations are of little avail, because opponents promptly countered the arguments with the old cry that the "medical trust" was only trying to cover up its deficiencies.

In this dilemma, in former years scientific medicine, through its organized units, the American Medical Association and, in our own state, the California Medical Association with its forty component county medical societies, has found itself handicapped.

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Public Health League of California.—Here in California, in a group with which many members of the medical profession are affiliated, and in association with dentists, pharmacists, nurses, and others, it has been possible—through the organization known as the Public Health League of California—to combat those attacking the best public health interests of the commonwealth.

To meet and rout misrepresentation concerning the motives of scientific medicine, experience has shown the advantages to be derived from having a militant front, to protect basic rights and public health interests. It is just here that is found the value for good work by an organization other than a regular medical society. Such a group should be a separate and independent entity, enrolling doctors of medicine, doctors of dentistry, pharmacists, and nurses, so that the individual and conjoint standards of those respective professions may be better safeguarded.

It is to the great credit of the Public Health League of California, in its efforts to maintain professional standards and public health service, that